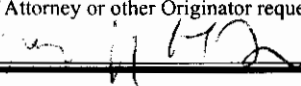
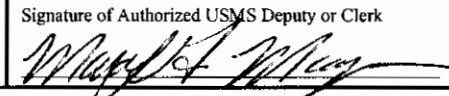
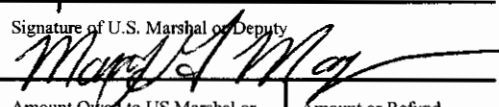


J.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 04-10372-WGY	
DEFENDANT Jess Siciliano, Michael Arco and George Kandirakis		TYPE OF PROCESS Final Order of Forfeiture	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dreyse pistol, serial number 57052, seized by, or turned over to, the Drug Enforcement Administration on or about December 2, 2004		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.	
Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		RECEIVED U.S. MARSHAL'S SERVICE BOSTON, MA FEB 21 10 23 AM	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)			
Please dispose of the above-described property in accordance with the attached Final Order of Forfeiture and applicable law.			
JMD x3296		CATS No. 05-DEA-458191	
Signature of Attorney or other Originator requesting service on behalf of: 		TELEPHONE NUMBER (617) 748-3100	DATE February 8, 2006
		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>
		Signature of Authorized USMS Deputy or Clerk 	Date <u>2/21/06</u>
I hereby certify and return that <input type="checkbox"/> I have personally served, <input type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).			
Name and title of individual served (If not shown above).		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service <u>8/30/06</u>	Time am pm
		Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
		Advance Deposits	Amount Owed to US Marshal or
		Amount or Refund	
REMARKS: <u>Destroyed.</u>			

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT